RESOLUTION #11-2012

BE IT RESOLVED, by authority of the Board of Commissioners of XXXX

County, and it is hereby resolved by authority of the same, that the Chairman of the Board of said Municipality, XXXXXXXXXX be authorized and directed to sign the attached grant on its behalf.

ATTEST

Chief Clerk

(Signature and designation of official title)

Dauphin County

By: Chairman

(Signature and designation of official title)

Laura E. Evans, Esq., Chief Clerk

Print or type above name and title

(SEAL)

I, Laura E. Evans, Esq., Chief Clerk

(Official title)

of Dauphin County, do hereby certify that the foregoing is a true and correct copy of the Resolution adopted at a regular meeting of the Dauphin County Board of Commissioners,

held the 11 day of July, 2012.

DATE: July 11, 2012

Chief Clerk

(Signature and designation of official title)

Laura E. Evans, Esq., Chief Clerk

Print or type above name/title
# PROJECT DIRECTOR AUTHORIZATION

**PROJECT NUMBER:** IDP-2013-Dauphin-00028

**GRANTEE:** Dauphin County District Attorney

**COUNTY:** Dauphin

**TITLE OF GRANT:** Dauphin County Sobriety Checkpoint Grant

### *PROJECT DIRECTOR:*

<table>
<thead>
<tr>
<th>NAME</th>
<th>Jerome P. Wood</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Detective</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>Dauphin County Criminal Investigation</td>
</tr>
<tr>
<td></td>
<td>2 South Second Street, 3rd Floor</td>
</tr>
<tr>
<td></td>
<td>Harrisburg, Pennsylvania 17101</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>717-780-6218</td>
</tr>
<tr>
<td>FAX</td>
<td>717-255-1375</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td><a href="mailto:jwood@dauphinc.org">jwood@dauphinc.org</a></td>
</tr>
</tbody>
</table>

*The Project Director designated must be a governmental employee actively involved in the management and administration of the project.*

**APPROVED BY:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>7/11/17</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

Print or type name: Jeff Haste

If a change in Project Director or Authorizing Official occurs, please call (717) 787-6853 or send written notification to:

Bureau of Highway Safety and Traffic Engineering  
Safety Management Division  
Commonwealth Keystone Building - 6th Floor, 400 North Street  
P.O. Box 2047  
Harrisburg, PA 17105-2047
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Rutherford
1001 Haxall Point, Suite 800
Richmond VA 23219

**CONTACT**
NAME: Robin Johnson
PHONE: 804-255-0000 (Main)
FAX: 804-780-0611
E-MAIL: robin.johnson@rutherford.com

**INSURED**
Dauphin County
2 South Second Street
P. O. Box 1295
Harrisburg PA 17101-2047

**COVERAGES**

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADJ DATE</th>
<th>SUB W/W</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
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<tbody>
<tr>
<td>A</td>
<td>GENERAL LIABILITY</td>
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<td>SEL3017007</td>
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<td>5/1/2013</td>
<td>EACH OCCURRENCE $7,000,000</td>
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<td></td>
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<td>DAMAGE TO RENTED PREMISES (EA occurrence) $150,000</td>
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<td>MED EXP (Any one person) $50,000</td>
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<td>PERSONAL &amp; ADV INJURY $100,000</td>
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<td>GENERAL AGGREGATE $7,000,000</td>
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<td>PRODUCTS - COMPOUND AGG $50,000</td>
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<td>A</td>
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<td>SEL3017007</td>
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<td>5/1/2013</td>
<td>COMBINED SINGLE LIMIT (EA accident) included</td>
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<td>BODILY INJURY (Per person) $50,000</td>
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<td>BODILY INJURY (Per accident) $50,000</td>
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<td></td>
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

PDOT is included as Additional Insured as respects impaired Driving Grant.

Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include at least 30 days notice of cancellation except for non-payment of premium.

---

**CERTIFICATE HOLDER**
Pennsylvania Department of Transportation
Bureau of Maintenance and Operations
400 North Street, 6th Floor
Harrisburg PA 17120

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

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ACORD... CERTIFICATE OF LIABILITY INSURANCE

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**PRODUCER**
Murray Insurance Associates
Murray / Capital Region
4999 Louise Drive, Suite 201
Mechanicsburg, PA 17055

**INSURED**
County of Dauphin
2 South Second Street
P.O. Box 1295
Harrisburg, PA 17108-1295

**INSURER A:** Midwest Employers Casualty Co.

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>CERTIFICATE NUMBER:</th>
<th>REVISION NUMBER:</th>
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<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td>TYPE OF INSURANCE</td>
<td>RISK YEAR</td>
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<td>COMMERCIAL GENERAL LIABILITY</td>
<td>OCCUR</td>
<td>MOVING OR NON-MOVING</td>
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<td>AUTO LIABILITY</td>
<td>SCHEDULED AUTOS</td>
<td>OCCUR</td>
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<tr>
<td>ANY AUTO</td>
<td>ALL OWNED AUTOS</td>
<td>EXCESS LIABILITY</td>
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<tr>
<td>HIRED AUTOS</td>
<td>NON-OWNED AUTOS</td>
<td>CLAIMS MADE</td>
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<tr>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td>CLAIMS MADE</td>
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</tbody>
</table>

**CERTIFICATE HOLDER**
PA Dept of Transportation
Bureau of Maintenance & Operations
400 North Street, 6th Floor
Harrisburg, PA 17120

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**AUTHORIZED REPRESENTATIVE**

© 1986-2010 ACORD CORPORATION. All rights reserved.

PennDot is included as an additional insured under the Excess Workers Compensation covering only Dauphin County employees with respect to the Impaired Driving Grant. Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include 30 days notice of cancellation except for non payment of premium.